

CIVIL COMPLAINT FORM TO BE USED BY A *PRO SE* PRISONER**IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA****Alexander W. Ndaula****Full Name of Plaintiff** **Inmate Number**

v.

Clinton County Correctional Facility;**Civil No.**

(to be filled in by the Clerk's Office)

☒ Demand for Jury Trial☐ No Jury Trial Demand**Angela Hoover, Warden: Severally and Individually****Name of Defendant 2****Jason Kormanik, Asst Warden of operations:****Severally and Individually**
Name of Defendant 3**Well Path Care; Severally and Individually****Name of Defendant 4****Jody Bainey, Medical Supervisor.****Severally and Individually****Name of Defendant 5**(Print the names of all defendants. If the names of all
defendants do not fit in this space, you may attach
additional pages. Do not include addresses in this
section).**FILED**
HARRISBURG, PA

JUL 07 2020

Per

Deputy Clerk

I. NATURE OF COMPLAINT

Indicate below the federal legal basis for your claim, if known.

☒ Civil Rights Action under 42 U.S.C. § 1983 (state, county, or municipal defendants)☐ Civil Rights Action under Bivens v. Six Unknown Federal Narcotics Agents, 403 U.S. 388
(1971) (federal defendants)☐ Negligence Action under the Federal Tort Claims Act (FTCA), 28 U.S.C. § 1346, against the
United States

II. ADDRESSES AND INFORMATION

A. PLAINTIFF

Ndaula, Alexander, W

Name (Last, First, MI)

Released on 12/17/19

Inmate Number

Clinton County Correctional Facility

Place of Confinement

58 Pine Mountain Road

Address

McElhattan, PA 17748

City, County, State, Zip Code

Indicate whether you are a prisoner or other confined person as follows:

☐ Pretrial detainee

☐ Civilly committed detainee

☒ Immigration detainee **(released)**

☐ Convicted and sentenced state prisoner

☐ Convicted and sentenced federal prisoner

B. DEFENDANT(S)

Provide the information below for each defendant. Attach additional pages if needed.

Make sure that the defendant(s) listed below are identical to those contained in the caption. If incorrect information is provided, it could result in the delay or prevention of service of the complaint.

Defendant 1:

Clinton County Correctional Facility

Name (Last, First)

Contract Correctional Facility

Current Job Title

58 Pine Mountain Road

Current Work Address

McElhattan, PA 17748

City, County, State, Zip Code

Defendant 2:

Hoover, Angela

Name (Last, First)

Warden

Current Job Title

Clinton County Correctional Facility, 58 Pine Mountain Road

Current Work Address

McElhattan, Pa 17748

City, County, State, Zip Code

Defendant 3:

Kormanic, Jason

Name (Last, First)

Assistant Warden of operations

Current Job Title

Clinton County Correctional Facility, 58 Pine Mountain Road

Current Work Address

McElhattan, Pa 17748

City, County, State, Zip Code

Defendant 4:

Wellpath Care

Name (Last, First)

Medical Contractor

Current Job Title

Pennsylvania Regional Office, 600 N 12th Suite, Suite 100

Current Work Address

Lemoyne, PA 17043

City, County, State, Zip Code

Defendant 5:

Bainey, Jody

Name (Last, First)

Medical Director

Current Job Title

Clinton County Correctional Facility, 58 Pine Mountain Road

Current Work Address

McElhattan, Pa 17748

City, County, State, Zip Code

III. STATEMENT OF FACTS

State only the facts of your claim below. Include all the facts you consider important. Attach additional pages if needed.

A. Describe where and when the events giving rise to your claim(s) arose.

Clinton County Correctional Facility, E-Block, 2nd Tier staircase

B. On what date did the events giving rise to your claim(s) occur?

between 09/02/2019 and 12/17/2019

C. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what?)

I was an immigration detainee housed in the old part of the jail, when I slipped and fell from a second floor stair case, rupturing my right patellar tendon. The jail provided better care to local county inmates. For instance, one county inmate who allegedly fell was kept in the hospital for at least a week, even though he suffered no fracture.

doctor determined there was internal tear, prescribed me pain medication, and made a referral to the orthopedic. I was returned to the jail and placed in administrative lockdown for a few days.

~~a) The jail withheld my pain medication and forced me to take 3200 mg of ibuprofen a day for the next 3 weeks. The jail delayed my appointment to see an orthopedic which should've happened immediately. After the MRI came back the orthopedic recommended immediate surgery, which was also delayed by jail officials. When surgery was conducted on 09/27/19, I was denied post operation care, and while still under anaesthesia and partially unconscious I was dragged out of the operating room and transferred to an administrative isolation jail cell. Post surgery therapy is critical to successful recovery was also delayed and when it began therapy sessions would routinely be canceled. Due to the inadequate care for the patellar injury recovery has extended and necessitates additional surgery.~~

~~Additionally, I complained of shoulder and back pain which weren't as visibly severe but was denied care altogether.~~

The jail's medical staff is neither trained nor equipped to handle major injuries or medical conditions. The jail lacks the medical facilities for appropriate transportation and housing of serious injured or ill detainees.

~~b) The jail lacks appropriate accommodations as to comply with the Americans with Disabilities Act. I was taken to the emergency room in a vehicle that has no disability access. During my time there were no showers no bathrooms with grab bars or similar access to safely exercise hygiene. After my injury I was forced to take showers in the sink in my cell until my release on 12/17/19.~~

IV. LEGAL CLAIM(S)

You are not required to make legal argument or cite any cases or statutes. However, state what constitutional rights, statutes, or laws you believe were violated by the above actions. If you intend to assert multiple claims, number and set forth each claim in separate paragraphs. Attach additional pages if needed.

a) Denied adequate medical care - (Knee injury)**b) Denied medical care - (Shoulder injury)****c) Violation of the ADA - (denied accomodations)****V. INJURY**

Describe with specificity what injury, harm, or damages you suffered because of the events described above.

- 1. Recovery time to the patellar tendon has unnecessarily been extended and requires additional correctiv**
-surgery.
- 2. There was no treatment at all provided for the shoulder injury.**
- 3. Denial of hygiene amounted to a violation of due process as a detainee.**

VI. RELIEF

State exactly what you want the court to do for you. For example, you may be seeking money damages, you may want the court to order a defendant to do something or stop doing something, or you may be seeking both types of relief. If you are seeking monetary relief, state your request generally. Do not request a specific amount of money.

- 1. Medical damages**
- 2. Lost wages**
- 3. Compensatory damages**
- 4. Punitive damages**
- 5. Treble damages**
- 6. Legal costs**
- 7. Other relief as to the court may be just and appropriate**

VII. SIGNATURE

By signing this complaint, you represent to the court that the facts alleged are true to the best of your knowledge and are supported by evidence, that those facts show a violation of law, and that you are not filing this complaint to harass another person or for any other improper purpose.

Local Rule of Court 83.18 requires *pro se* plaintiffs to keep the court informed of their current address. If your address changes while your lawsuit is being litigated, you must immediately inform the court of the change in writing. By signing and submitting the complaint form, you agree to provide the Clerk's Office with any changes to your address where case-related papers may be served, and you acknowledge that your failure to keep a current address on file with the Clerk's Office may result in dismissal of your case.

Alexander Ndaula

Signature of Plaintiff

07/01/2020

Date

Alexander Alexander
c/o Bergain Group
33 W 19th Street, 4th Floor
New York, NY 10011

clerk of court
middle district of Pennsylvania
228 Walnut Street
Harrisburg, PA 17101



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PER _____

DEPUTY CLERK